Name of Participant: Click or tap here to enter text. Preferred Name: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text. NDIS # Click or tap here to enter text.

Address: Click or tap here to enter text.

Contact Phone Number: Click or tap here to enter text. Email Address: Click or tap here to enter text.

Preferred Method of Contact: Click or tap here to enter text. Gender Identification: Click or tap here to enter text.

Current Plan Start Date: Click or tap here to enter text.

Current Plan End Date: Click or tap here to enter text.

Plan Nominee/Guardian Name: Click or tap here to enter text.

Plan Nominee/Guardian Contact Details: Click or tap here to enter text.

Emergency Contact or Next of Kin Details: Click or tap here to enter text.

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| **Please provide as much information as possible on the following topics:** |
| What is the person’s current situation?  Click or tap here to enter text. |
| What are their NDIS goals?  Click or tap here to enter text. |
| What are their support requirements?  Click or tap here to enter text. |
| **What supports do you require from LAST?**  Daily Living Support:   * Days of the week: Click or tap here to enter text. * Amount of hours on each day: Click or tap here to enter text.   Community Access Support:   * Days of the week: Click or tap here to enter text. * Amount of hours on each day: Click or tap here to enter text.   Transport 🡪 how much budgeted each shift/week *(provide info)* Click or tap here to enter text.  Supported Independent Living 🡪 ratio required (*i.e. 1:1, 1:2 or 1:3)* Click or tap here to enter text.  Short Term Accommodation 🡪 ratio required (*i.e. 1:1, 1:2 or 1:3)* Click or tap here to enter text.   * Date and time of commencement: Click or tap here to enter text. * Date and time of cessation: Click or tap here to enter text.   Medium Term Accommodation:   * Date and time of commencement: Click or tap here to enter text. * Date and time of cessation: Click or tap here to enter text.   Other: *(add details)* Click or tap here to enter text. |
| NDIS Plan Management:  PACE  NDIS PRODA Service Booking required  Plan Managed: *(provider* *invoicing* *details)* Click or tap here to enter text. |
| Details of their disability / impairment/s:  Click or tap here to enter text. |
| Are there any **High Intensity Support** services required or being implemented?  No  Yes – add details:  Complex Bowel Care  Enteral Feeding Management  Severe Dysphagia Management  Tracheostomy Care  Urinary Catheter Care  Subcutaneous Injection Support  Complex Wound Care  Ventilation Support  Other: *(add details)* Click or tap here to enter text.  Can a ***High Intensity Support Care Plan*** be provided for consideration?  Yes  No  N/A |
| Any medical diagnosis / conditions / co-morbidities?  No  Yes 🡪 Details: Click or tap here to enter text. |
| Is medication administration or management required?  No  Yes 🡪 Details: Click or tap here to enter text. |
| Any known allergies, sensitivities or reactions?  No  Yes 🡪 Details: Click or tap here to enter text. |
| Special dietary / nutritional requirement? Swallowing difficulties / dysphagia?  No  Yes 🡪 Details: Click or tap here to enter text. |
| Are any of the following health managements required?  Asthma Management  Epilepsy / Seizure Support  Diabetes Management  Advanced Mealtime Management  Stoma Care  Oxygen Management  Other: *(add details)* Click or tap here to enter text. |
| Is there any Mental Health diagnosis or history?  No  Yes 🡪 Details: Click or tap here to enter text. |
| Is the person regulated under the Mental Health Act?  No  Yes 🡪  Voluntary Order  Involuntary Order |
| Are there any restrictive practices in place or being implemented?  No  Yes – add details:  Containment  Seclusion  Mechanical Restraint  Physical Restraint  Chemical Restraint  Environmental Restraint 🡪  2 Staff Required  Restricting access to object/s  Add details: Click or tap here to enter text. |
| Does the person display behaviours of concern/behaviours of harm?  No  Yes – add details:  Verbal aggression & abuse  Impulsive or dangerous behaviour  Physical aggression or assault  Withdrawn behaviour  Threats to/or self-harm  Socially inappropriate behaviour  Destruction of property  Sexual behaviour  Substance Abuser  Recent history of substance abuse  Other: *(add details)* Click or tap here to enter text. |
| Is a ***Positive Behaviour Support Plan*** in place or being proposed?  No  Yes 🡪 Clinician Details: Click or tap here to enter text.  Can a ***Positive Behaviour Support Plan*** be provided for consideration?  Yes  No  N/A |
| Has the person lived in SDA or Supported Accommodation previously?  No  Yes 🡪 Details: Click or tap here to enter text. |
| If applicable, do they have the skills and ability to follow the House Rules?  Yes  No 🡪 Details: Click or tap here to enter text. |
| Is there a history of substance abuse, including alcohol?  No  Yes 🡪 Details: Click or tap here to enter text. |
| Are there any identified risks?  No  Yes 🡪 Details: Click or tap here to enter text.  Can a ***Risk Assessment*** or ***Risk Management Plan*** be provided for consideration?  Yes  No |
| Is there a ***Transition Plan*** from a previous service that can be provided for consideration?  Yes  No |
| Is there a ***Functional Assessment*** or other type of report that can be provided for consideration?  Yes  No |
| Mobility Requirements?  No  Yes 🡪 Details: Click or tap here to enter text. |
| Is there any informal support network?  No  Yes 🡪 Details: Click or tap here to enter text. |
| Are there any cultural factors?  No  Yes 🡪 Details: Click or tap here to enter text. |
| Is there existing community participation?  No  Yes 🡪 Details: Click or tap here to enter text. |
| Is there any formal support network?  No  Yes 🡪 Details: Click or tap here to enter text. |
| List all known previous support history:  Click or tap here to enter text. |
| Is a Public Guardian from OPG appointed by QCAT?  No  Yes 🡪 List all domains OPG makes decisions regarding: Click or tap here to enter text. |
| Is The Public Trustee appointed by QCAT?  No  Yes 🡪 Provide Client Number: Click or tap here to enter text. |
| Type of Centrelink Payment / Source of Income?  Click or tap here to enter text. |
| Name of person providing the information on this form: Click or tap here to enter text.  Title/Position: Click or tap here to enter text.  Contact Phone & Email Address: Click or tap here to enter text.  Referring Organisation: Click or tap here to enter text. |

**Assessment will occur based on the information provided.**

**If approved, progression to a Meet & Greet or Intake & Onboarding Meeting will occur.**

***Please return this completed form for consideration to:***

**Lisa-Marie.Morales@last.care**